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County of Los Angeles
CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

status
63-B of.
4/20/10

WILLIAM T FUJIOKA
Chief Executive Officer

May 20, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

**OFFICE OF EMERGENCY MANAGEMENT FEASIBILITY STUDY (ITEM 63B,
AGENDA OF APRIL 20, 2010) – EXTENSION REQUEST**

On April 20, 2010, your Board requested the Chief Executive Office to perform a feasibility study on the issue of assigning personnel from appropriate County departments to the Office of Emergency Management to increase its organizational capacity to improve emergency management planning, as well as enhance cross County collaboration and communications.

In our effort to properly address the feasibility study, we are requesting an extension to June 1, 2010, to submit our report back to your Board. Should you have any questions, please contact me or your staff may contact Deputy Chief Executive Officer Jacqueline A. White, Public Safety, at (213) 893-2374.

WTF:BC:JAW
DC:llm

c: Executive Officer, Board of Supervisors
County Counsel

OEM Feasibility Study.Ext Req.bm.052010



County of Los Angeles CHIEF EXECUTIVE OFFICE

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Chief Executive Officer

Board of Supervisors
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DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

May 20, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is written over the printed name and title.

REPORT ON ELEVATOR MECHANIC CENTRALIZATION PROPOSAL (RESPONSE TO ITEM 63-C, AGENDA OF APRIL 20, 2010)

On April 20, 2010, acting on a motion by Supervisor Antonovich, your Board directed this Office to provide a report identifying all contracted services that are proposed to be reduced or eliminated and replaced with County staff, including the Sheriff's elevator maintenance services contract, along with a fiscal analysis per contract or type of service in 30 days.

Background

The fiscal year (FY) 2010-11 Proposed Budget includes recommendations to reduce contracted services and replace them with County staff for the Department of Public Social Services (DPSS) and the Department of Health Services (DHS).

DPSS has used an Information Technology Support Services Master Agreement (ITSSMA) contractor as an Information Technology (IT) quality assurance consultant. This individual has reviewed the change orders needed for the Los Angeles Eligibility Automated Determination, Evaluation and Reporting (LEADER) System. When the contract was initiated, it was believed that the need for the service would be short term. However, there has been an ongoing need for this service.

The cost of the contractor has been \$20,000 per month plus \$2,400 (12 percent) in Internal Services Department (ISD) administrative costs, for an annual total cost of approximately \$269,000. The contracted service was replaced by one full-time Senior

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Information Systems Analyst at a cost of \$118,000 in Salaries and Employee Benefits. This would represent a savings of \$151,000 or 56 percent of the current cost.

DHS has used eight ITSSMA contractors to perform highly specialized application integration, systems programming, database administration, and 24/7 technical support in Health Services Administration. These individuals have supported IT projects and activities for the enhancement of the Enterprise Data Repository (EDR) and the Encounter Summary Sheet (ESS); integration with the Emergency Department Information System (EDIS) and Operating Room Scheduling Office System (ORSOS); migration of data among Oracle environments; and operational support of various other DHS IT systems. When these contracts were initiated, it was believed that the need for the services would be short term. However, there has been an ongoing need for these services due to DHS' plans to transition to a fully integrated health care delivery system and the need to implement an Electronic Health Record (EHR) System.

The cost of these eight ITSSMA contractors has been \$195,576 per month plus \$23,469 (12 percent) in ISD administrative costs, for an annual total cost of approximately \$2,629,000. DHS plans to replace these contracted services with seven full-time positions, consisting of two existing Information Technology Specialist I's and five new full-time positions consisting of two Senior Application Developers, one Principal Application Developer, and two Information Technology Specialist II's at an annual cost of approximately \$1,102,000 in Salaries and Employee Benefits. This would represent a savings of approximately \$1,527,000 or 58 percent of the current cost.

Therefore, during the current budget crisis, the exchange of the consultant contracts for DPSS and DHS were deemed efficiencies and were included in the Proposed Budget.

The FY 2010-11 Proposed Budget also includes a recommendation to centralize elevator mechanic services under ISD. This recommendation was based on a need to maintain core County expertise in elevator maintenance and avoid dependence on high-cost outside contractors.

In the labor market for elevator mechanics, contractor salaries are often higher than equivalent County salaries. Thus, County departments, such as the Sheriff or Health Services, can find it difficult to recruit and retain trained elevator mechanics. ISD, with the critical mass of elevator work at the Superior Courts, has effectively developed and retained County elevator mechanics through its elevator mechanic training program.

With the three-year transition of the Superior Courts away from County-provided building services to a privatized model, ISD faces the reduction of up to nine employees in the elevator mechanic series in FY 2010-11, including the loss of existing assistant

Each Supervisor
May 20, 2010
Page 3

elevator mechanics and the related training program. Centralizing this function was intended to retain both County elevator mechanic expertise and ISD's elevator mechanic training program.

Current Status

The elevator centralization proposal that is reflected in the Proposed Budget will be reversed in Final Changes. This initiative has been delayed to a future time to allow for a more thorough review of the cost-benefit of centralization for each affected department.

In the meantime, to avoid the loss of County expertise in the elevator mechanic series, this Office will work to facilitate the transfer of impacted ISD staff to fill existing vacancies at Sheriff and/or Health Services.

Further, this Office will work with ISD, Sheriff, and Health Services to maintain ISD's elevator mechanic training program as a countywide resource. ISD recently developed a proposal to share resources and costs for the elevator mechanic training program, whereby all three departments would help train and hire graduates from the four-year program. Details of this proposal have been shared with Sheriff and Health Services in advance of future discussions.

If you have any questions, please have your staff contact Ellen Sandt at (213) 974-1186 or esandt@ceo.lacounty.gov.

WTF:ES:LS
TT:JJ:GS:CL:cg

c: Sheriff
Executive Office, Board of Supervisors
County Counsel
Health Services
Human Resources
Internal Services
Public Social Services



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012

May 14, 2010

MARK J. SALADINO

TREASURER AND TAX COLLECTOR

TELEPHONE
(213) 974-2101

FACSIMILE
(213) 626-1812

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mark J. Saladino
Treasurer and Tax Collector

SUBJECT: **LANCASTER PROPERTY TAX COLLECTIONS**

On April 20, 2010, on motion of Supervisor Antonovich, the Board directed the Treasurer and Tax Collector (TTC) to report back in 30 days on its evaluation of various options for maintaining the TTC's collection of property tax payments for limited periods each December and April at the north County offices in Lancaster. The TTC has proposed eliminating this service as part of the Chief Executive Office's (CEO) 2010-11 Proposed County Budget. This memorandum constitutes our evaluation of the requested options.

Background

The TTC currently staffs County offices in Lancaster for a limited time each December and April to allow constituents in the north County to make their first and second installment payments, respectively, in person. During this most recent period, from April 1 to April 12, constituents made approximately 2,200 property tax payments at this office.

In order to achieve the CEO's mandated budget savings for Fiscal Year 2010-2011, the TTC proposed eliminating this service and estimated a cost savings of \$11,000.

Options Evaluated for Maintaining the Service

Supervisor Antonovich requested TTC to evaluate the following options for maintaining the service:

Option 1: Work with the Assessor's office to determine if Assessor staff could accept payments in the Lancaster office on behalf of the TTC.

Evaluation:

At the Lancaster site, the TTC accepts checks and money orders only; the TTC does not accept cash. TTC staff cashes the payment in the TTC's cashing system and provides the taxpayer with a paper receipt showing, among other information, the property's Assessor Identification

Number (AIN) and the amount paid. Substituting Assessor staff for TTC staff in this process would not result in any savings. In fact, costs would likely increase due to the following:

- While the Assessor maintains an office in the same office complex, Assessor staff is not authorized to access the TTC's cashiering system, nor is Assessor staff trained in the cashiering process. The Assessor would incur significant start-up costs to train staff in this process.
- As part of the TTC's comprehensive system of internal controls related to its cashiering operations, cashiering staff must pass a Live Scan background check to insure staff has no criminal history which may jeopardize the integrity of TTC's payment and receipting protocols. The Assessor would incur incremental costs for its staff to undergo the Live Scan process.
- Regardless of whether Assessor or TTC staff was to accept and receipt for payments, armored car services would still be required to pick up the checks for timely deposit to a designated County financial institution.

In summary, costs would actually increase if Assessor staff, in lieu of TTC staff, were to accept payments.

Option 2: Allow constituents to deposit their property tax payments at the County's bank, Bank of America.

Evaluation:

None of the banks with whom the TTC contracts have access to the TTC's cashiering or property tax systems, so the banks would not be able to provide the constituent with a receipt indicating the parcel and amount paid.

Staff evaluated the possibility of providing bank branches in the Lancaster area with special envelopes designated with a TTC Property Tax logo of some kind. Constituents could insert their payments into the envelope and give the envelope to a teller. Banks would then consolidate the envelopes and send them to the TTC's remittance processing operation at the Kenneth Hahn Hall of Administration for processing. However, since the bank is not providing the constituent with a receipt, State law would consider the payment received on the date that TTC received the envelope, not the date the constituent deposited the envelope at the bank. It would actually be more advantageous for the constituent to simply deposit the envelope at a local United States Postal Service (USPS) branch, and not a bank branch, as the USPS postmarks its mail. State law stipulates a mail payment must be postmarked by the delinquency date.

In summary, this is not a viable option. Banks would not be able to provide the constituent with a receipt. Costs to the County would increase as TTC would need to special order the envelopes and the banks would charge TTC for this service. Finally, if a constituent is going to deposit a payment at the bank, the constituent is no more inconvenienced by mailing the payment at a local USPS branch or postal box.

Option 3: Provide constituents internet access in the County's Lancaster offices so that constituents could access the TTC website and use online payment options.

Evaluation:

During non-property tax season, the TTC staffs the Lancaster office only two days per week for purposes of accepting business license applications. If we were to purchase and install a computer with Internet access for constituents to make online property tax payments during the busy December and April seasons, the need to staff the office five days per week would continue. As well, as long as the office is open, we would likely be forced to continue to accept checks from those constituents who would not want to use the computer to make an online payment. In summary, costs under this option would actually increase, due to the purchase and installation of the computer equipment.

As an alternative, constituents who do not have a personal computer with Internet access could use a public computer with Internet access at a local library. For example, the Los Angeles County Library makes public computers and Internet access available to customers in good standing (i.e., customers without excessive fines/fees or overdue materials). To use a computer or access the wireless service, customers need a library card, a PIN, and use is limited to one hour per day. Customers without a library card may apply for one onsite and anyone who is not eligible to receive a library card may request a card for computer use only. Computers are available on a first-come, first-served basis and a reservation can be made once per day by calling a County Library. Library staff is not able to provide technical assistance to customers who are not familiar with computers or the online payment process.

In our discussion with the Library, they suggested another alternative, which is the purchase of a new computer workstation for installation at the local library which they could dedicate during the busy seasons solely for use by constituents for online payment of property taxes. The cost for the purchase and installation of the workstation would approximate \$5,000, and staff estimates the useful life of the equipment to be three years.

It is important to note that regardless of whether we cease the operation altogether or provide a reasonable, cost-effective alternative, the TTC has retained in its cashiering system the parcel number associated with payments made at the Lancaster office in December 2009 and April 2010. Accordingly, TTC would be able to do a direct mailing to the situs addresses of these parcels, informing the parcel owner of any changes in our tax payment procedures.

Option 4: Work with the Chief Executive Officer to determine whether necessary funding is available to maintain the service at the current levels.

Evaluation:

The TTC included the elimination of these services in order to meet the CEO's budget curtailment requirements. The CEO has informed us that given the current economic situation, the funding needed to restore this program in FY 2010-11 Final Changes is unavailable. However, the CEO plans to reassess the situation after FY 2009-10 year-end closing and return to your Board with potential funding, if any, during Supplemental Changes.

Each Supervisor
May 14, 2010
Page 4

If there are any questions, please contact me, or your staff may contact Joseph Kelly, Chief Deputy Treasurer and Tax Collector, at (213) 974-2184.

MJS:JK:st

cc: Assessor
 Chief Executive Officer
 ✓ Executive Officer, Board of Supervisors
 County Librarian



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

June 4, 2010

TELEPHONE
(213) 974-2101

FACSIMILE
(213) 626-1812

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mark J. Saladino *Joseph Kelly (for)*
Treasurer and Tax Collector

SUBJECT: **LANCASTER PROPERTY TAX COLLECTIONS**

On April 20, 2010, on motion of Supervisor Antonovich, the Board directed the Treasurer and Tax Collector (TTC) to report back on the evaluation of various options for maintaining the TTC's collection of property tax payments for approximately two weeks each December and April at the north County offices in Lancaster. This service was eliminated in the Chief Executive Office's (CEO) 2010-11 Proposed County Budget.

On May 14, 2010, the TTC responded to your Board with an evaluation of these options. Subsequent to the issuance of this report, and after further consultation with representatives from the Fifth Supervisorial District, we have agreed to staff the Lancaster office for the purpose of collecting property tax payments on the last two business days of both the December 2010 and April 2011 installment periods.

In an effort to notify property owners in the affected area of these service changes and of alternative payment options, we will coordinate a direct mailing to the 2,200 constituents who made property tax payments at the Lancaster office this year. As well, in conjunction with representatives from the Fifth Supervisorial District, we will coordinate the dissemination of related public service announcements with the local media.

The TTC will absorb related costs in its proposed budget.

If there are any questions, please contact me, or your staff may contact Joseph Kelly, Chief Deputy Treasurer and Tax Collector, at (213) 974-2184.

MJS:JK:st

c: Assessor
Chief Executive Officer
Executive Officer, Board of Supervisors
County Librarian



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WILLIAM T FUJIOKA
Chief Executive Officer

June 22, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

Board of Supervisors
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Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

From: William T Fujioka
Chief Executive Officer

Lisa M. Garrett
Director of Personnel

STATUS REPORT ON THE HUMAN RESOURCES ARCHITECTURE (RESPONSE TO ITEM 63-D, AGENDA OF APRIL 20, 2010)

On April 20, 2010, on motion of Supervisors Antonovich and Ridley-Thomas, your Board directed the Chief Executive Officer and the Director of Personnel to: (1) examine HR architecture, Department of Human Resources structure and determine which HR functions should be centralized and which, if any, should remain decentralized; (2) determine whether human resource positions in the County should be consolidated in the Department of Human Resources; (3) determine the number of human resources positions necessary to support centralization of human resources Countywide and; (4) report back to the Board on their findings within 60 days. This memorandum provides you an update on the status of our progress and requests an extension of an additional 60 days to complete our report.

Department of Human Resources (DHR) and the Chief Executive Office (CEO) are working collaboratively to gather information and report our findings. To date, we have taken the necessary preliminary steps:

- DHR developed and distributed a survey tool to all County departments to solicit information regarding departmental human resources organizations. The survey requests information on Human Resources functional areas in departments including HR Administration, HR Operations, Performance Management, Recruitment and Exams, and Health and Safety. Also requested are the actual and budgeted classifications performing these functions. To date, we have received completed responses from 16 of the 37 departments. As information is received, DHR is clarifying any discrepancies when compared with DHR's independent review of data.

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Each Supervisor
June 22, 2010
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- In a separate assessment, DHR and CEO are working together to review the number of HR positions allocated to each department from Fiscal Year 2006-07 through 2010-11.
- On June 16, 2010, DHR hosted the first HR Transformation Summit. The Summit was attended by 97 participants representing 37 departments including the highest levels of management, four County commissions, Board offices and other stakeholders. A key element of the Summit was to begin the conversation of human resources architecture within the County. Consultants retained by the CEO to examine County human resources operations reported on their assessment of County HR and best practices on human resources architecture. Through break-out group discussions, we gained feedback to determine how the County can improve operations through the reconfiguring of human resources functions.
- As a follow up to the Summit, DHR has identified individuals to participate in an executive advisory group comprised of Department Heads, Chief Deputies and Board staff to continue discussing the merits of centralization vs. decentralization.
- DHR is canvassing other California Counties concerning their HR architecture and the issues of centralization and decentralization. We anticipate obtaining additional information regarding best practices.

In order to finalize our survey results and provide a comprehensive report, we are requesting an extension of 60 days.

If you have any questions, please contact me, or your staff may contact Ellen Sandt at (213) 974-1186 or Lisa Garrett at (213) 974-2406.

WTF:BC:EFS
LMG:MLH:AC:ef

c: All Department Heads



County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

September 17, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

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MONITORING OF PROBATION DEPARTMENT'S BUDGET AND DEPARTMENT OF JUSTICE FUNDING NEEDS (ITEM 63-H, AGENDA OF APRIL 20, 2010)

On April 20, 2010, your Board, on motion of Supervisors Yaroslavsky and Knabe, directed the Chief Executive Officer (CEO) to closely monitor and track the Probation Department's (Probation) budget and report back during Supplemental Changes on the funding needs, if any, for Department of Justice (DOJ) purposes, prior to the transfer of any funds from the Provisional Financing Uses (PFU) for Probation DOJ Issues to any department.

On August 17, 2010, the CEO recommended and the Board approved the transfer of \$7.9 million in funding for nine months from PFU to Probation to partially implement the County's Action Plan at the County Probation Camps, pursuant to the Memorandum of Agreement (MOA) approved on October 31, 2008, between DOJ and the County. Board approval of this recommendation allowed the County to comply with the 38 operational and three administrative provisions that comprised the MOA. The \$7.9 million in funding is being used to offset the costs of five positions for the Department of Auditor-Controller, 66 positions for the Department of Mental Health (DMH), 23 positions for the Department of Health Services, and pharmaceutical costs in Probation to ensure youth within the camps receive adequate medical treatment, mental health services, and are protected from harm. A total of 94 positions and \$11.5 million in ongoing funding are required to maintain this allocation.

Although 66 positions were allocated to DMH, the total needed by that Department for compliance is 88. The additional 22 positions will not be required this fiscal year (FY), but will be requested during the FY 2011-12 budget process.

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Each Supervisor
September 17, 2010
Page 2

As always, we will continue to work with Probation to establish improved fiscal controls and closely monitor expenditures, as well as provide the Board with recommendations for any additional funding needs related to DOJ. If you have any questions regarding this matter, please do not hesitate to contact me or your staff may contact Deputy Chief Executive Officer Jacqueline A. White, Public Safety, at (213) 893-2374.

WTF:BC:JAW
SW:VC:cc

c: Executive Office, Board of Supervisors
County Counsel
Auditor-Controller
Health Services
Mental Health
Probation

Prob.Monitoring of Bdgt and DOJ Needs.Item 63-H.042010.bm.091710



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Fifth District

September 27, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is written over the printed name and title.

FEASIBILITY REPORT ON THE AUGMENTATION OF CHIEF EXECUTIVE OFFICE, OFFICE OF EMERGENCY MANAGEMENT STAFF (ITEM 63, AGENDA OF APRIL 20, 2010)

On April 20, 2010, your Board requested the Chief Executive Officer to conduct a feasibility study to determine the viability of assigning a liaison from appropriate County departments to increase available staff assigned to the Office of Emergency Management (OEM), to enhance collaboration and coordination across the County departments, and to improve our County's emergency management duties as defined in County Code 2.68.

In response to the Board motion, a series of meetings were held with the following departments to discuss the viability of a dedicated liaison to OEM:

- Sheriff
- Fire
- Public Works
- Internal Services
- Public Health
- Health Services
- Mental Health
- Public Social Services

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The conclusion of these meetings produced the following findings:

- The participating departments currently have dedicated staff serving in the role of Department Emergency Coordinator (DEC), assigned to perform emergency management functions including the development of plans, County Emergency Operations Center (CEOC) staffing assignments, participation in public information releases, and community outreach activities.

The DECs also participate in the Emergency Management Council (EMC) Subcommittee, Emergency Exercise Design Team, and numerous emergency management plan taskforces.

- The departments were unanimously in favor of expanding the usage of the existing DECs for additional OEM projects and responsibilities. The additional work would be directed through the currently established work groups, such as the EMC Subcommittee.
- Due to the current fiscal climate, the departments have expressed that they do not have the staffing flexibility or resources to assign a designated full-time liaison position to OEM at this time. Unfortunately, the departments are unable to backfill the lost DEC positions, which would create staffing problems in other areas of each department's operation.
- The departments also acknowledged the value of a designated department liaison and expressed interest of further discussions in developing and determining the appropriate job skill requirements for this role once the current fiscal situation has improved and staffing levels are back to normal.

Recommendation

Following additional discussions with each department, we are recommending a follow-up meeting with the appropriate departments again at the conclusion of the 2010-2011 fiscal year to reassess the feasibility of having departments designate a budgeted position for use by OEM.

Each Supervisor
September 27, 2010
Page 3

Should you have further questions, please do not hesitate to contact Deputy Chief Executive Officer Jacqueline A. White, Public Safety, at (213) 893-2374 or Manager John Fernandes, OEM, at (323) 980-2260.

WTF:BC:JAW
DC:llm

c: Executive Office, Board of Supervisors
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Sheriff
Fire
Health Services
Internal Services
Mental Health
Public Health
Public Social Services

OEM Feasibility Study.042010.Item 63.bm.092010.docx



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WILLIAM T FUJIOKA
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DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

March 11, 2011

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: William T Fujioka
Chief Executive Officer

Lisa M. Garrett
Director of Personnel

STATUS REPORT ON REVIEW OF HUMAN RESOURCES ARCHITECTURE AND IMPLEMENTATION OF THE RECOMMENDATIONS FROM THE COUNTY OF LOS ANGELES HUMAN RESOURCES STUDY

On April 20, 2010, on motion of Supervisors Antonovich and Ridley-Thomas your Board directed the Chief Executive Officer (CEO) and the Director of Personnel (DOP) to: (1) examine Human Resources (HR) architecture, Department of Human Resources (DHR) structure, and determine which HR functions should be centralized and which, if any, should remain decentralized; (2) determine whether human resources positions in the County should be consolidated in DHR; (3) determine the number of human resources positions necessary to support centralization of human resources countywide; and (4) report back to your Board on their findings within 60 days. Previous status reports have been provided on June 22, 2010, August 23, 2010 and December 3, 2010.

On July 27, 2010, your Board approved in concept the findings and recommendations in the County of Los Angeles Human Resources Study (the HR Study), which called for substantive restructuring, modernization, and improvement in the core human resources functions of recruitment, selection, classification, and compensation. The HR Study also advanced recommendations concerning opportunities for improvement in other areas of HR service delivery. In addition to the above, your Board directed the CEO and DOP to: (1) consult with the County's labor groups regarding the study; (2) report back on August 31, 2010 and quarterly thereafter, regarding the progress of implementation plans of the Study recommendations and the next steps in areas such as competency-based testing, score and candidate banking, potential Civil Service rule revisions, class consolidation, centralized and decentralized human resources activities and human

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resources staffing allocations countywide; and (3) report back by November 30, 2010, regarding the results of the pilot project designed to test a streamlined classification, recruitment and examination process and the quality of the candidate pool resulting from the pilot project.

This memorandum provides the status of the pilot project designed to test a streamlined classification, recruitment and examination process and the quality of the candidate pool resulting from the pilot program. In our status report dated December 3, 2010, we reported that the scope and breadth of this pilot project had been notably expanded to "pilot" even more of the key recommendations of the HR Study and, in effect, expedite the implementation of transformation. As such, we will be incorporating status reports on this pilot project (Pilot) into the quarterly reports to your Board on the overall HR Transformation initiatives. Also, we now are projecting a Pilot completion date of November 30, 2011.

Definition and Scope of Pilot Study

This Pilot utilizes the implementation of the Countywide Contracting Occupational Study as a testing ground for the concepts and recommendations of the HR Study, which centers around using a "competency-based" human resources model. In short, this involves streamlining the County's Classification Plan by reducing (through consolidation) the large number of County classes and defining these classes more broadly, not only based on the assigned duties and responsibilities, but also by the shared competencies required for these positions. Examples of competencies include knowledge of data collection, active listening, and inductive reasoning. This leads naturally to a more streamlined examination and selection process by examining for the cognitive and behavioral competencies needed for successful job performance across a variety of jobs. We are employing these concepts as we implement organizational structures and individual position allocations across the County for the Contracting Study; assess the competency-level of current employees and provide training where skill-deficits are identified; and fill critical vacancies with qualified employees. There are approximately 300 positions in the Contracting Study in approximately 16 County departments. Once this study is implemented, we hope to demonstrate an increased competency in our contracting workforce.

The Pilot work group is comprised of managers and staff from CEO and DHR, as well as the two consultants who conducted the HR Study. This group meets bi-weekly.

Status - Classification

As a result of the HR Study, the classification findings for the Contracting Study had to be revisited. Rather than utilizing new, contract-specific classes, we will be recommending to your Board on the March 15, 2011 agenda that these 300 positions be classified in the existing, more broadly-defined Administrative Services Manager (ASM) series. We are revising these classifications based on HR Study findings so that these classes will serve as a generic series for all non-represented, administrative positions throughout the County. This will provide countywide internal

equity and consistency across the vast County in terms of job allocations and will reduce the number of overall classes in the County's Classification Plan. Our Contracting Study recommendations include re-titling and generalizing an existing County class of Departmental Personnel Technician to Management Analyst, to be used to classify working-level positions in contracting as well as human resources and other sensitive administrative positions. We are also establishing one new class of Administrative Services Division Manager that will serve over time to classify administrative management positions in a variety of administrative functions.

On September 7, 2010, your Board approved the establishment of the first classification designed under this new competency-based methodology: Management Assistant. This is a broad, generic, entry-level professional class that will serve as a "feeder" class for non-represented administrative positions throughout the County. The specification is written in a new format that includes the identification of essential functions; the listing of the required knowledge, skills, and abilities (i.e. competencies); and streamlined minimum requirements. This new format is consistent with state of the industry standards for public jurisdiction job descriptions.

Status – Recruitment and Selection

The Pilot work group conducted a joint, multi-purpose "job-analysis" (JA) of contracting positions and classifications using the existing ASM series framework. The results of this analysis will be used by the various HR functions of classification, recruitment and selection, training, etc. Previously these functions tended to have their own form of JA, tailored to their specific purposes. This approach was duplicative and inefficient. The JA utilized "generic" competency definitions derived from the U.S. Department of Labor's O*Net, the new County of Los Angeles Competency Dictionary, and previous studies. This process promises to significantly reduce the time required to conduct a JA, and to make the JA process more consistent countywide. Integral to this process was the participation of various County Contract Managers serving as subject matter experts. Their input was invaluable. Additionally, the results of this JA support the entire recruitment and selection process, helping to frame the job specifications, and to identify valid technical-knowledge tests that will be used to assess the capability of current contracting staff and future candidates for these positions. These tests will be used in conjunction with an established "general abilities" test to fully assess employees for job appointment or training opportunities for a variety of similar jobs.

A special selection process has been developed to provide those County departments who have critical entry-level contracting vacancies with highly-qualified candidates ready for immediate appointment. This involves using the existing eligible list for Administrative Intern (a competency-based exam process) and appointing qualified candidates to the new, above-referenced Management Assistant class. We are pleased to report this process proved effective and three County departments have filled their critical contracting vacancies. We have committed to running an open competitive exam for Administrative Intern/Management Assistant every six months, or as the needs of the service dictate, that will provide a regular opportunity for both internal and external candidates to apply for County employment in these classes.

Finally, we are piloting an alternative to the “AP” process – Appraisal of Promotability, which was recommended for elimination by the Citizen’s Economy & Efficiency Commission. This time-consuming and subjective assessment process was replaced in the current promotional examination process for the *generic* ASM I and ASM II, which took place over the past two months. In its place, applicants were given a well-established, validated assessment of work-style attributes such as conscientiousness, attention to detail, getting along with others, etc., which we believe meets the efficiency and character set forth in the Civil Service rules for promotional exams. This tool provided a much more objective assessment and will greatly reduce the time it takes to complete the examination process. Please note the significant differences in the following comparative data:

	“Old” AP Process	Replacement AP process
Time to administer	Minimum 2-3 months	Scored immediately
Cost per candidate (estimate)	\$525 (staff time)	\$20 (test fee)

Employees who participated in the exams for ASM I and ASM II will be able to “bank” their scores for both the “cognitive” (i.e. data analysis) and “non-cognitive/work-style” (i.e. leadership potential, attitude toward work, etc.) parts of the written exam. Should they choose to apply for the specialized ASM exams for contracting in 2011, they will not be required to take these tests again because their banked scores will be used for the new exam. They will only have to take the newly-created technical-knowledge tests developed specifically for the contract exams. The initial Pilot data indicates that these innovative processes will significantly reduce job post-to-hire timeframes, create efficiencies for candidates and strengthen the County workforce.

Timeline – Key dates

The following timeline is provided for the Pilot Project described above:

Action	Target Date
Departments to fill critical contracting vacancies, using Administrative Intern eligible list and appointing candidates to new Management Assistant classification.	Completed
Generic ASM I & II assessments – replacing AP process	Completed
Implement Countywide Contracting Study (using ASM series)	March 15, 2011
Run specialized ASM exams for contracting to assess current employees for appointment to contracting positions and/or training; NOTE: use of banked-scores for some applicants	April/May, 2011
Provide contracting technical training for applicants who did not pass the technical portion of the exam.	July-September, 2011
Final report to the Board	November 30, 2011

Each Supervisor
March 11, 2011
Page 5

Due to the nature of this study, the scope of this Pilot Project has expanded to be quite comprehensive in terms of testing most of the core recommendations of the HR Study. Pilot implementation of these core recommendations will include use of Study recommendations such as using broad class concepts, a new class specification format consistent with public agency industry standards, and validated competency-based testing with score banking to eliminate redundancy. We look forward to reporting back to your Board in May, 2011 with a status on this important Pilot Project and on the status of our review to determine the ideal HR architecture model for the County of Los Angeles.

If you have any questions, please contact me or have your staff contact Ellen Sandt, Deputy Chief Executive Officer at (213) 974-1186 or Lisa Garrett, Director of Personnel at (213) 974-2406.

WTF:EFS
LMG:SJM:ef

c: All Department Heads



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

July 13, 2011

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: William T Fujioka
Chief Executive Officer

Lisa M. Garrett
Director of Personnel

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

STATUS REPORT ON REVIEW OF HUMAN RESOURCES (HR) ARCHITECTURE AND IMPLEMENTATION OF THE RECOMMENDATIONS FROM THE COUNTY OF LOS ANGELES HUMAN RESOURCES STUDY

On April 20, 2010 and on July 27, 2010, your Board directed the Chief Executive Officer and the Director of Personnel to report on the HR architecture for the County and to provide a progress report on the recommendations from the Human Resources Study that you approved in concept. Quarterly status reports have been provided on June 22, 2010, August 23, 2010, December 3, 2010 and March 11, 2011.

Since the last quarterly report and as reported during the June 20, 2011 budget deliberations, a proposed change in the HR architecture has been presented to the HR Executive Advisory Committee. Progress also continues in the pilot project designed to test a streamlined classification, recruitment and examination process and the quality of the candidate pool resulting from the pilot program.

We are requesting a 60 day extension of the quarterly report now due in order to obtain feedback from departments on the proposed HR model and to finalize our recommendation to you.

If you have any questions, please have your staff contact Deputy Chief Executive Officer Ellen Sandt at (213) 974-1186 or esandt@ceo.lacounty.gov, or Lisa M. Garrett at (213) 974-2406 or lgarrett@hr.lacounty.gov.

WTF:EFS
LMG:SKT:cg

c: All Department Heads

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County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
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(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

May 19, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is written over the printed name and title.

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

REPORT ON THE DEPARTMENT OF PUBLIC HEALTH'S PROGRAMMATIC/SERVICE CURTAILMENTS AND HEALTH REGIONALIZATION PLAN FROM THE APRIL 20, 2010 BOARD MEETING (BUDGET DELIBERATIONS AGENDA OF JUNE 7, 2010)

On April 20, 2010, your Board instructed the Chief Executive Office (CEO) and the Director of Public Health (DPH) to report back to the Board during final consideration of the budget in June 2010 on a description of how the programmatic/service curtailments and health regionalization plan would impact Los Angeles County residents, including:

- a) A map or other visual aid that describes the volume and accessibility of all currently available Department of Public Health services (e.g. immunization, tuberculosis, sexually transmitted disease-related services, case management and home visitation programs for high-risk pregnant women, etc) and compares these services to what would be available upon completion of the regionalization plan and service curtailments;
- b) A description of the potential impact that any DPH services reductions could have on other County-funded services and the private provider community;

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- c) The extent to which the impact of these curtailments and clinic consolidations could be mitigated by other funds, such as the new Home Visitation Grant Program and other opportunities within the Patient Protection and Affordable Care Act of 2010 or new funds that will be available under the First Five of Los Angeles Commission's new strategic plan;
- d) The rationale supporting the recommended changes; and
- e) The specific outcome goals that guide DPH's decision making.

Potential Impact of Proposed DPH Curtailments

Exhibit I is the report by DPH describing the programmatic/service curtailments and health regionalization plan and its potential impact on Los Angeles County residents. As requested, the report includes: 1) maps that describe the volume and accessibility of all currently available DPH services and compares these services to what would be available upon completion of the regionalization plan; 2) a description of the potential impact that DPH reductions could have on other County-funded services and the private provider community; 3) the extent to which the impact of these curtailments and clinic consolidations could be mitigated by other funds; 4) the rationale supporting the recommended changes; and 5) the specific outcome goals that guide DPH's decision making.

Informational meetings were scheduled with your offices to provide a framework for the magnitude of the challenges DPH encounters when identifying departmental curtailments to address the County's projected structural deficit, which included a brief overview of the budgetary reductions they have experienced over the last several years. These include federal, State, and County reductions primarily attributable to declines in revenues such as State Vehicle License Fees – Realignment, Realignment Sales Tax, and property taxes.

While it is recognized these revenue declines, due to the downturn of the economy, are temporary in nature, DPH has communicated on numerous occasions that the departmental reductions experienced thus far have had a severe impact on their ability to absorb further reductions, maintain optimal service levels, and maintain a level of readiness necessary to address unexpected events and/or outbreaks affecting the public's health. Per DPH, further curtailments will severely diminish their ability to fulfill core public health responsibilities, especially key health protection for all County residents.

Each Supervisor
May 19, 2010
Page 3

Adjustments to Offset Proposed DPH Curtailments

The Final Changes recommendations from this Office for DPH will include adjustments which would restore the filled, budgeted positions previously eliminated in the DPH 2010-11 Proposed Budget as part of the DPH deficit mitigation. First, the DPH budget will be adjusted to reflect projected improvement in State Realignment revenue of \$1.8 million. Next, as instructed by your Board on April 20, 2010, an adjustment is being proposed which would add to the DPH 2010-11 Budget the carryover of \$1.7 million in DPH-generated fund balance projected at 2009-10 year-end closing to address the proposed curtailments. Finally, an adjustment is proposed to transfer \$3.0 million from the Provisional Financing Uses budget to DPH's operating budget. The \$3.0 million was approved by your Board in the Proposed Budget to help offset the pending DPH curtailments. As a result of these adjustments, the proposed programmatic/service curtailments and the clinic consolidations in the health center regionalization plan included in DPH's 2010-11 Proposed Budget will not be implemented in 2010-11. However, DPH, in concert with this Office, will continue to move forward with implementing the operational efficiencies and service improvements in the regionalization plan, which are not related to service reductions, and other departmental cost-savings initiatives, wherever possible.

If you have any questions or need additional information, you may contact me or your staff may contact Sheila Shima, Deputy Chief Executive Officer, at (213) 974-1160 or sshima@ceo.lacounty.gov or Jonathan Freedman, Chief Deputy Director, DPH, at (213) 240-8156 or jfreedman@ph.lacounty.gov.

WTF:BC:SAS
MLM:RFM:gl

Attachment

c: Executive Office, Board of Supervisors
 County Counsel
 Public Health

051910_HMHS_MBS_DPH REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH

**Report on the Department of Public Health 2010-11 Proposed Budget
Programmatic/Service Curtailments/Efficiencies and Health Regionalization Plan**

On April 20, 2010, the Board of Supervisors instructed the Chief Executive Officer (CEO) and the Director of Public Health (DPH) to report back to the Board during final consideration of the budget in June 2010 on a description of how the proposed programmatic/service curtailments and health regionalization plan included in the 2010-11 Proposed Budget would impact Los Angeles County residents, including:

- a) A map or other visual aid that describes the volume and accessibility of all currently available Department of Public Health (DPH) services (e.g. immunization, tuberculosis, sexually transmitted disease-related services, case management and home visitation programs for high-risk pregnant women, etc.) and compares these services to what would be available upon completion of the regionalization plan and service curtailments;
- b) A description of the potential impact that any DPH service reductions could have on other County-funded services and the private provider community;
- c) The extent to which the impact of these curtailments and clinic consolidations could be mitigated by other funds, such as the new Home Visitation Grant Program and other opportunities within the Patient Protection and Affordable Care Act of 2010 or new funds that will be available under the First Five of Los Angeles Commission's new strategic plan;
- d) The rationale supporting the recommended changes; and
- e) The specific outcome goals that guide the Department of Public Health's decision making.

Background

The development of the Fiscal Year (FY) 2010-11 DPH Proposed Budget was particularly difficult since over the past several fiscal years the DPH budget has been reduced by about \$85 million in net appropriation and 305.0 budgeted positions, primarily as a result of State funding reductions. The budget challenges facing DPH are primarily related to the downturn in the economy and associated revenues that will return as the economy ultimately improves. Moreover, these economically-sensitive

revenues are not tied to the operational requirement of DPH to fulfill the broad mandate for protecting and promoting health, and represent a relatively limited pool of unrestricted net County cost (NCC) funding in the DPH budget. Consequently, it was difficult for DPH to develop a curtailment plan that enabled DPH to meet its mission while achieving a balanced budget. DPH does not recommend implementing these curtailments, as it will erode their ability to provide services to the public, operate programs efficiently, and flex up to respond to public health emergencies that may arise. However, this plan represents DPH's attempt to minimize service disruption while meeting the Department's budget target.

Rationale

DPH was guided by several principles in developing the 2010-11 Proposed Budget curtailment plan.

- The need to maintain the ability to fulfill the County's public health mandates, as well as the ability to perform the essential services of public health departments;
- The goal of maintaining a balanced portfolio of activities. For example, communicable disease control activities are not performed by any other entity and must be performed by DPH. However, chronic diseases comprise the leading causes of death and ill health, so it is vital to retain the ability to address the most pressing health problems affecting communities;
- Not all areas of DPH work can be subject to curtailment. Many DPH functions are grant-funded, so are not applicable to this exercise. In addition, some grant-funded activities require a County match or a Maintenance of Effort (MOE), so those NCC dollars are not available for curtailment. DPH has a more narrow range of programs and services among which to consider for curtailment;
- Aggressive identification of efficiencies that could be achieved with minimal service disruption; and
- Aggressive identification of revenue solutions wherever possible. Every potential opportunity to shift NCC expenditures to grant funding was considered.

Outcome Goals that Guide DPH Decision-Making

DPH was guided by three major outcome goals in developing its balanced budget plan:

- Maintain core capacity so that department infrastructure is maintained until the economy improves;
- Maintain a balance of activities so that the department can meet its health protection and disease control mandates while still maintaining the ability to

address the chronic health conditions that represent the leading causes of poor health in communities; and

- Maintain sufficient staffing to enable the department to flex up during public health emergencies or major outbreaks.

These principles led to the approach of first, identifying efficiencies and revenue solutions, and then curtailing NCC-funded programs across the board in a manner that would cause the least harm to the program, in lieu of eliminating an entire program. Eliminating a program would make it impossible to meet the responsibility to address the health needs of the population. In addition, it would be extremely difficult to reestablish a program once the economy and the County's budget situation improves.

2010-11 Proposed Budget Curtailment/Efficiencies/Revenue Plan

Highlights of DPH's curtailment/efficiencies/revenue plan include:

- Assumption of H1N1 carryover funding to be used on a one-time basis, pending approval from the Centers for Disease Control;
- Consolidation of the Antelope Valley Rehabilitation Center (AVRC) from two facilities to one by moving clients and staff from the Warm Springs facility to the Acton facility;
- Curtailments across most NCC-funded programs, some of which will result in a temporary diminution of services and others of which will reduce service capacity or the efficient operation of programs; and
- Regionalization of clinic services at DPH Public Health Centers, with the goal of more efficient use of resources for tuberculosis, sexually transmitted diseases, and immunization services. Regionalization entails offering only one or two services at each site, so that DPH would conduct fewer total TB or STD clinic sessions at fewer locations, but the efficiency of each clinic would be higher, resulting from both service improvements and economies of scale.

AVRC Consolidation – Regardless of the budget situation, there are good reasons to close the Warm Springs facility and consolidate rehabilitation services on the Acton campus. Both facilities need extensive repairs and upgrades, so consolidation would avoid the costs of the Warm Springs repair work. Consolidating services and staff also creates efficiencies, as the staff to client ratio will be in line with benchmark facilities. This more appropriate staff to client ratio will facilitate better client control, with fewer incidents of fighting, sexual harassment, and other undesirable behavior.

Program Curtailments – As described above, program curtailments were proposed to be spread over most NCC-funded programs because there was no program or service that could be eliminated without sacrifice to DPH's ability to meet its mission. Curtailments

were intended to cause the least disruption to services and to the efficiency of the operation. In some cases, high level positions that have been recently vacated due to retirement are being “frozen” – kept vacant for FY 2010-11, but not eliminated from the budget so they can be filled in future years. These functions would be performed by “acting” managers in the interim, since they are needed functions for the department.

Services for Pregnant Women and New Mothers – The Board motion identified case management and home visitation programs for high risk pregnant women as an area of potential concern. Funding for these services has been eroded over the years as the State has reduced funding for these activities. In December 2009, the State curtailed funding for the Prenatal Care Guidance program, resulting in a two-thirds program reduction. This curtailment plan proposes to eliminate the program, since only one of the Public Health Nurse positions is currently filled. Without the State funding, it is difficult to maintain a viable program.

Regionalization Plan for Clinic Services – DPH’s approach to curtailments in the clinical area derives from two strategies: 1) service improvements, which include clinical and staffing practice standards; and 2) regionalization, which is consolidating services at fewer locations to achieve economies of scale. Longer term planning must anticipate the effects of health care reform – what and how services should be delivered in DPH facilities once a greater percentage of patients have coverage and improved access to health services.

Service improvements include initiatives such as giving test results over the phone, or the “I Know” campaign to send free sexually transmitted disease (STD) test kits to women by mail, which can completely eliminate the need for clients to come to the clinic for testing for most STDs. These initiatives reduce the need for clients to make visits to public health clinics without reducing the level of service provided. In addition, Community Health Services (CHS) has begun to develop staffing standards for each clinic type that, combined with clinic workload definitions will assure the efficient distribution and type of clinic staff for each clinic site.

Regionalization of services is another way to achieve efficiencies. Most of DPH’s public health centers (8 of 14) provide TB, STD, immunization, and communicable disease (CD) triage services. The remainder do not provide every service, often because of facility constraints. Currently, some clinic sessions are not as busy as capacity would allow, particularly since TB cases have been declining over the years. Regionalization entails offering only one or two services at each site, so that DPH would conduct fewer total tuberculosis (TB) or STD clinic sessions at fewer locations, but the efficiency of each clinic would be higher, resulting from both service improvements and economies of scale.

The inherent difficulty in regionalizing services is ensuring geographic access to DPH services. In a county as large as Los Angeles, with barriers such as limited public transportation and long physical/geographical distances, reducing the number of sites that provide treatment for communicable diseases such as TB and STDs could pose a

risk that patients will not seek timely and consistent treatment. Regionalization decisions must balance access concerns, as indicated by disease trends and availability of other providers, with efficiency opportunities.

One factor affecting the siting/location of services is building condition. Specifically, the facility needs a heating, ventilating, and air conditioning (HVAC) system that can accommodate the special air handling needed for TB treatment. The Torrance Health Center, for example, does not have the appropriate HVAC system so TB services have not been provided there for several years.

Another consideration is the availability of other providers in the service area. Since DPH provides most of the TB services in the County, those services must be accessible, although the number of cases is relatively small and declining. While DPH provides a relatively small percentage of STD services, it is an essential safety net service in high STD morbidity areas, with clients seeking confidential service in spite of whether they have health coverage. Immunizations are the most widely available with many community and private providers participating in the Vaccines for Children (VFC) program, and DPH's anticipates that access for this service in DPH health centers will continue to decrease.

Attachment A is a series of maps that illustrate the effect of regionalization. Included are:

- Maps A-1 and A-2 show DPH Health Centers that currently provide TB services and that would provide TB services after regionalization, overlaid with the prevalence of TB cases in the County;
- Maps A-3 and A-4 show DPH Health Centers that currently provide STD services and that would provide STD services after regionalization, overlaid with the prevalence of STD cases in the County;
- Maps A-5 and A-6 show DPH Health Centers that currently provide STD services and that would provide STD services after regionalization, overlaid with other safety net providers (Department of Health Services [DHS] and Public-Private Providers [PPP]) that offer STD treatment to the same target population; and
- Maps A-7 and A-8 show DPH Health Centers that provide immunization services currently and after regionalization, overlaid with other VFC providers that offer immunizations to the same target population.

Impact on Other Providers

Whenever services are moved, there is a chance that patients would not seek services at the new site. However, DPH is not planning for a reduction in TB or STD services. Attachment B shows DPH's current service configuration and the configuration after

regionalization. As the table indicates, the number of clinic sessions will decrease, but the number of patient visits is projected to remain the same in the areas of TB and STD. For TB services, no impact to private providers is anticipated. DPH treats an estimated 90 percent of TB patients in the County. DPH field staff monitors active TB cases, so individuals with TB have a relationship with DPH. There are not many private providers who treat TB and DPH anticipates maintaining its current service volume.

For STD services, DPH treats about 10 percent of cases. Private providers are already treating the majority of STD patients so if a small number of STD patients seek care at DHS or community clinics rather than DPH clinics, the impact may not be perceptible. Some patients choose DPH clinics because they want an anonymous setting, rather than going to the provider where they seek other medical services. By planning for the same STD visit volume as the current level, DPH anticipates minimal impact on other providers.

Regionalization would have an impact on immunization providers, as DPH is planning for almost 18,000 fewer immunization visits than it currently provides. Immunizations are widely available in the community, both from private physicians and safety net clinics. The federal VFC program has increased access to immunizations countywide, and DPH service volume has declined. DPH anticipates that where it eliminates or regionalizes immunization services (Torrance, Hollywood-Wilshire, Monrovia, and Pácoima), all or some of the patient volume would be shifted to other providers in the area. However, this impact is not expected to be detrimental to other providers, since they are VFC providers and are ostensibly already providing services to this target population.

Regionalization would also affect private providers in the area of CD triage, as DPH would plan for almost 32,000 fewer visits than it currently provides. CD triage is a mix of services for patients who may potentially have CD or who need CD screening, with TB testing representing a large percentage of CD triage visits. CD triage is also a service that is available in the community, depending on what the specific service is. As with immunizations, many patients come to DPH clinics seeking these services because DPH clinics are convenient and services are provided at no charge. DPH anticipates that where it eliminates or regionalizes CD triage services (Torrance, Hollywood-Wilshire, Monrovia, and Pacoima), all or some of the patient volume will be shifted to other providers in the area.

Ability to Mitigate With Other Funds

Before DPH recommended curtailments, they looked for alternate funding sources for programs and services. In a few cases, DPH was able to shift costs from NCC onto grant funds. However, this was only possible in a few small areas.

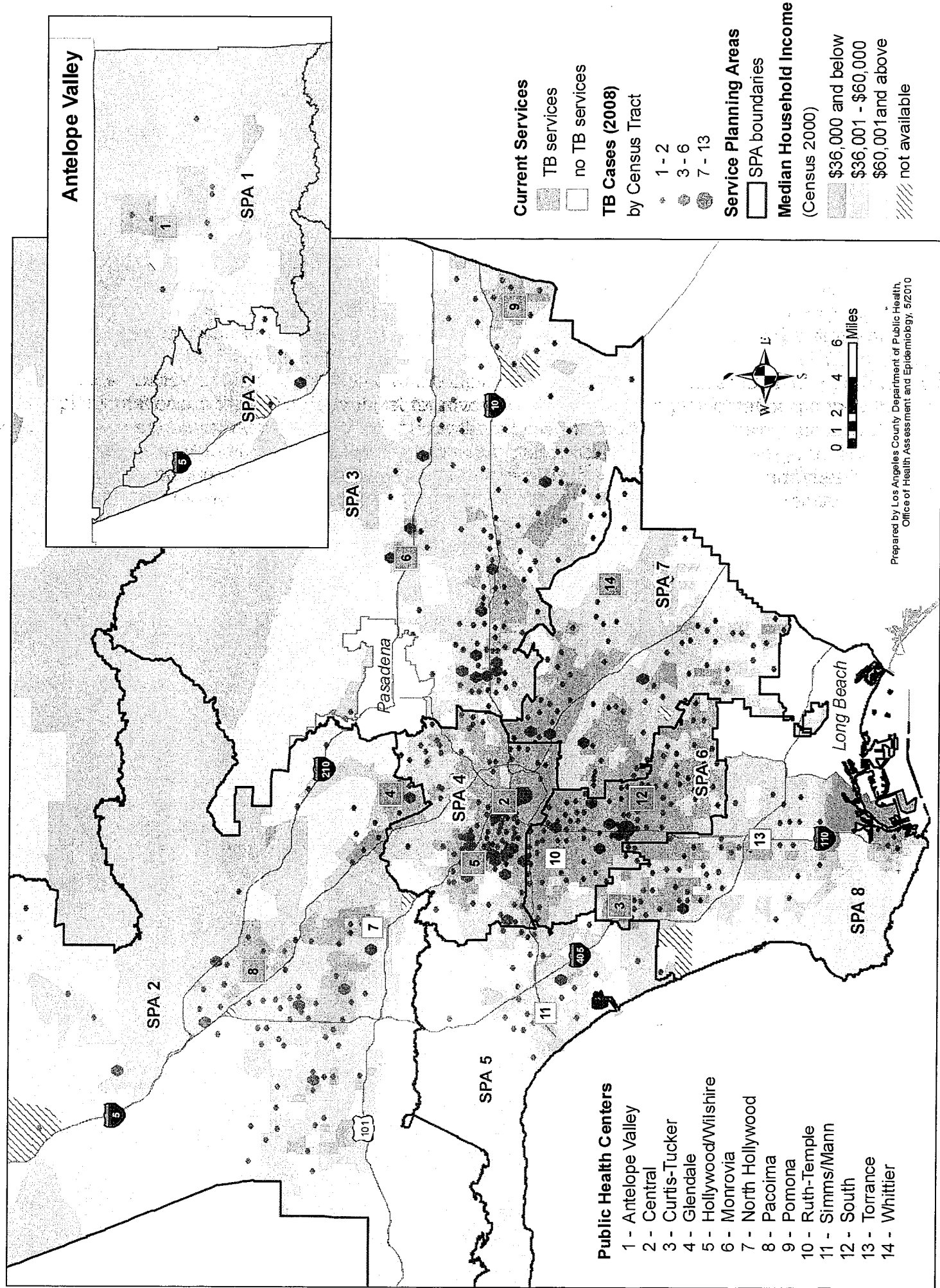
The American Recovery and Reinvestment Act (ARRA) prevention grants have been a major infusion of funding for DPH. However, these funds are for very specific activities, and most of the funding is going out to community-based agencies. To the extent that

funding remains in DPH, it will be used to fund policy coordination and support for the community-based efforts in the areas of tobacco and obesity prevention. The funding does nothing to shore up DPH's base activities and does not help to avoid the curtailments in the 2010-11 Proposed Budget.

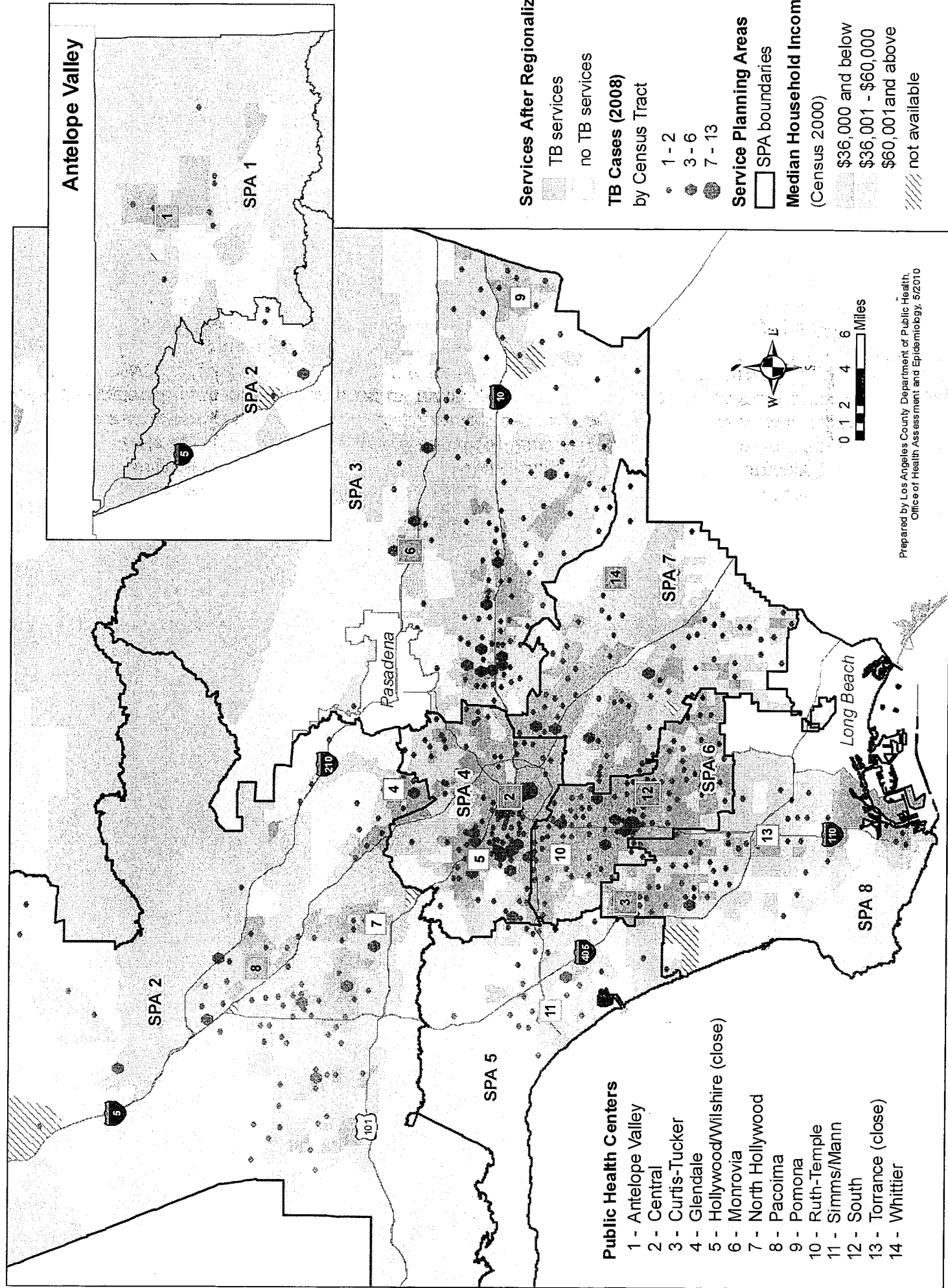
Healthcare reform provides an upcoming potential source of funding. DPH is tracking the sections of the legislation that could potentially fund local health departments. For example, the Maternal, Infant, and Early Childhood Home Visiting Program may yield funding for Los Angeles County, as may various programs under the umbrella of the Prevention and Public Health Fund. There are also sections pertaining to oral health, immunizations, and surveillance and laboratory activities. At this time, it is unclear whether all of these programs will receive appropriation, how the funds will be allocated, and what specifically they can be used for. Although the health coverage expansion may not take effect until 2014 (unless the State implements some features early), this may provide a revenue opportunity for some of the clinical services DPH provides. DPH is working with CEO and the county's lobbyist to advocate for favorable implementation recommendations.

In addition, DPH continues to apply for grants. However, grants generally fund one topic area, which generally ends up being a new project for the department, rather than funding to support core activities.

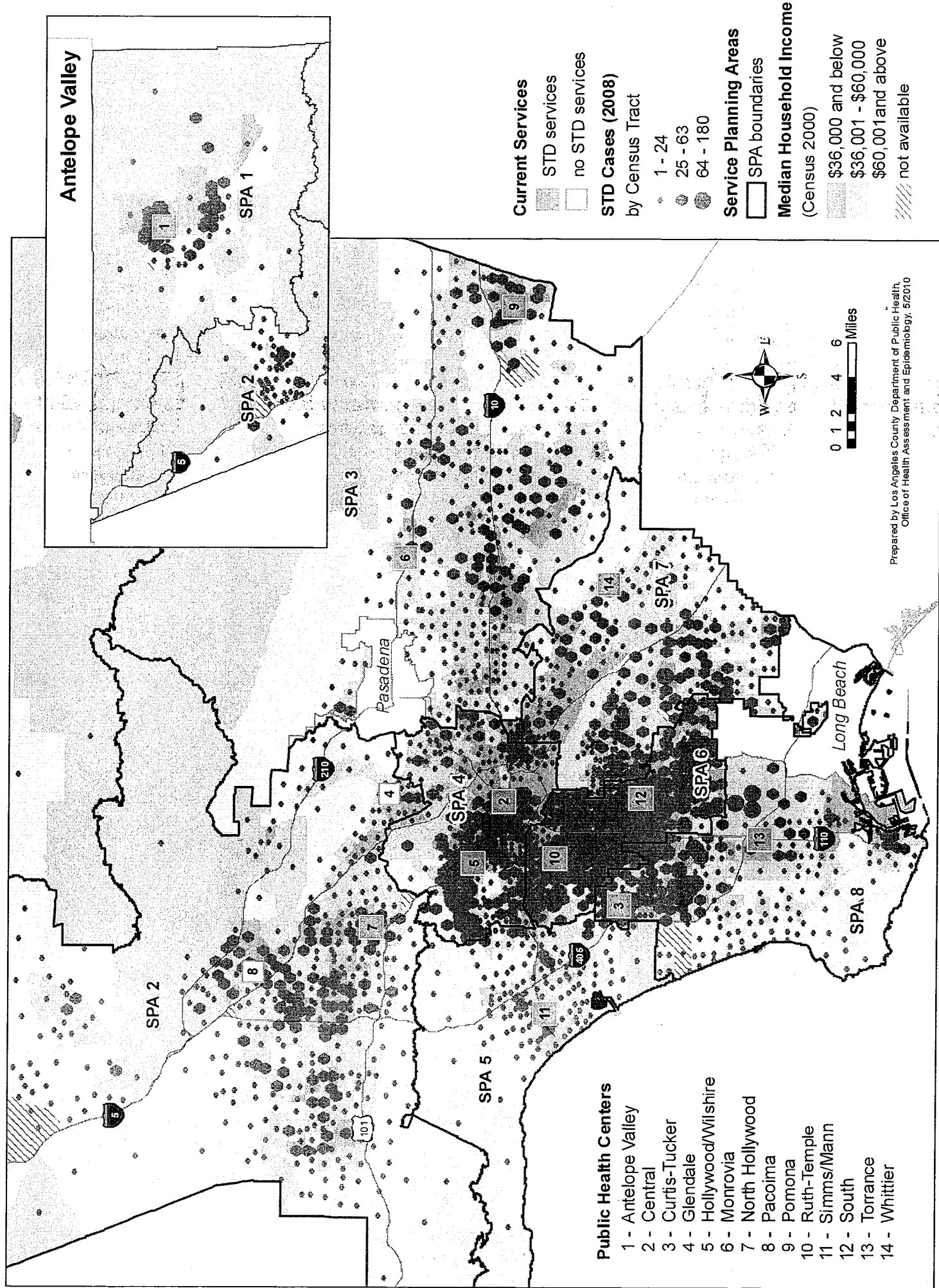
Los Angeles County - Public Health Centers Providing TB Services - Current



Los Angeles County - Public Health Centers Providing TB Services - After Regionalization

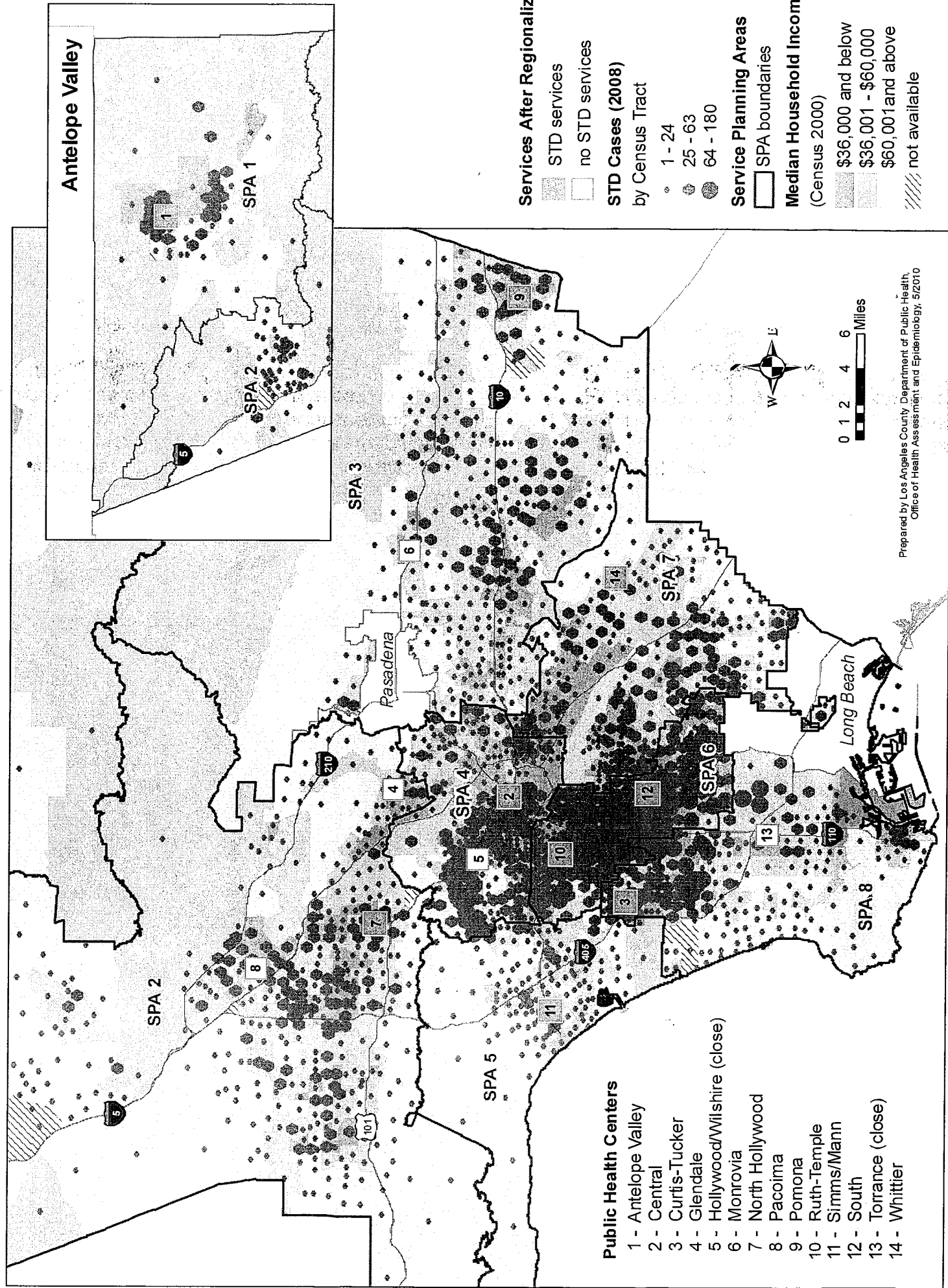


Los Angeles County - Public Health Centers Providing STD Services - Current

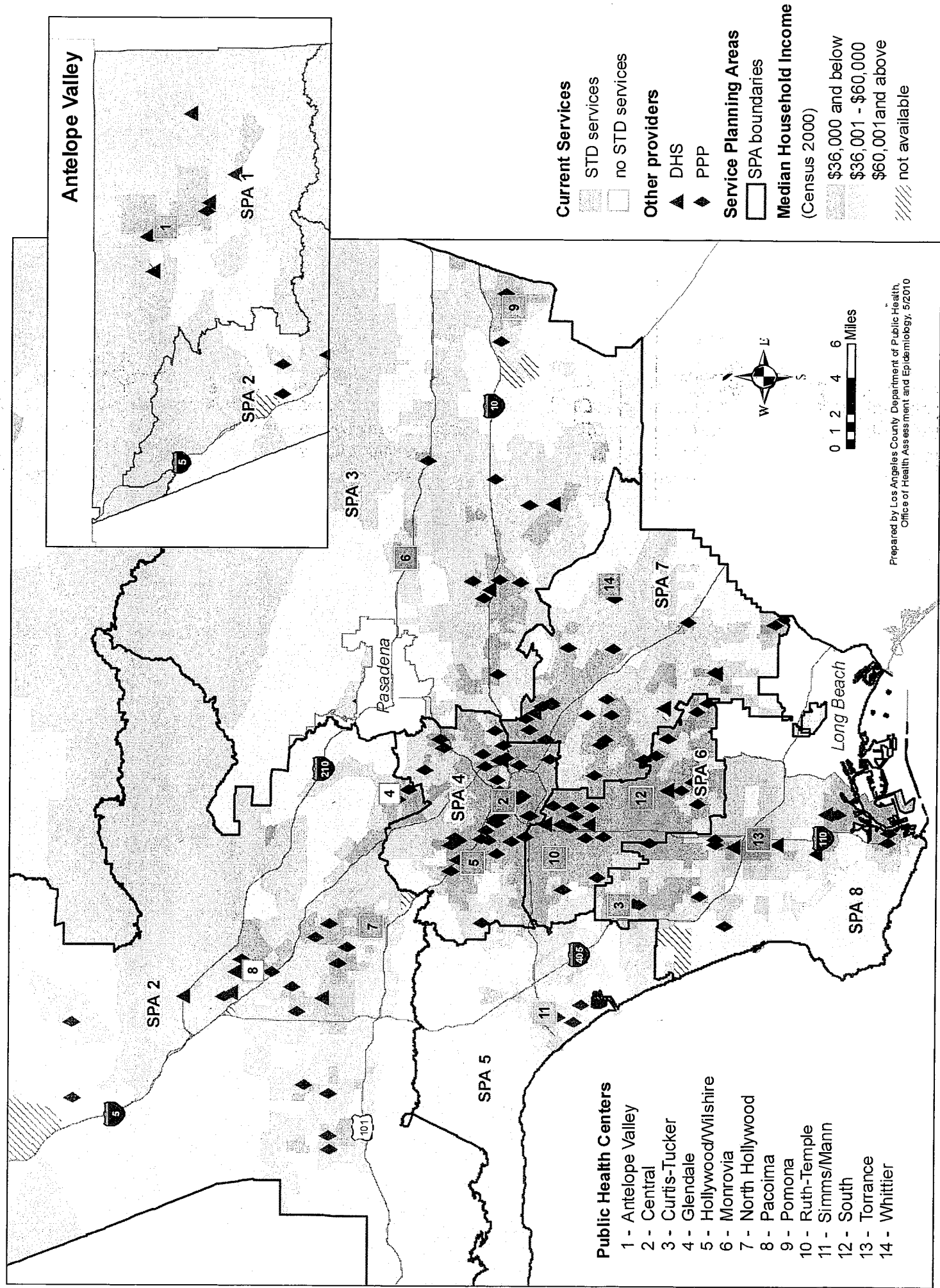


Prepared by Los Angeles County Department of Public Health,
Office of Health Assessment and Epidemiology, 5/2010

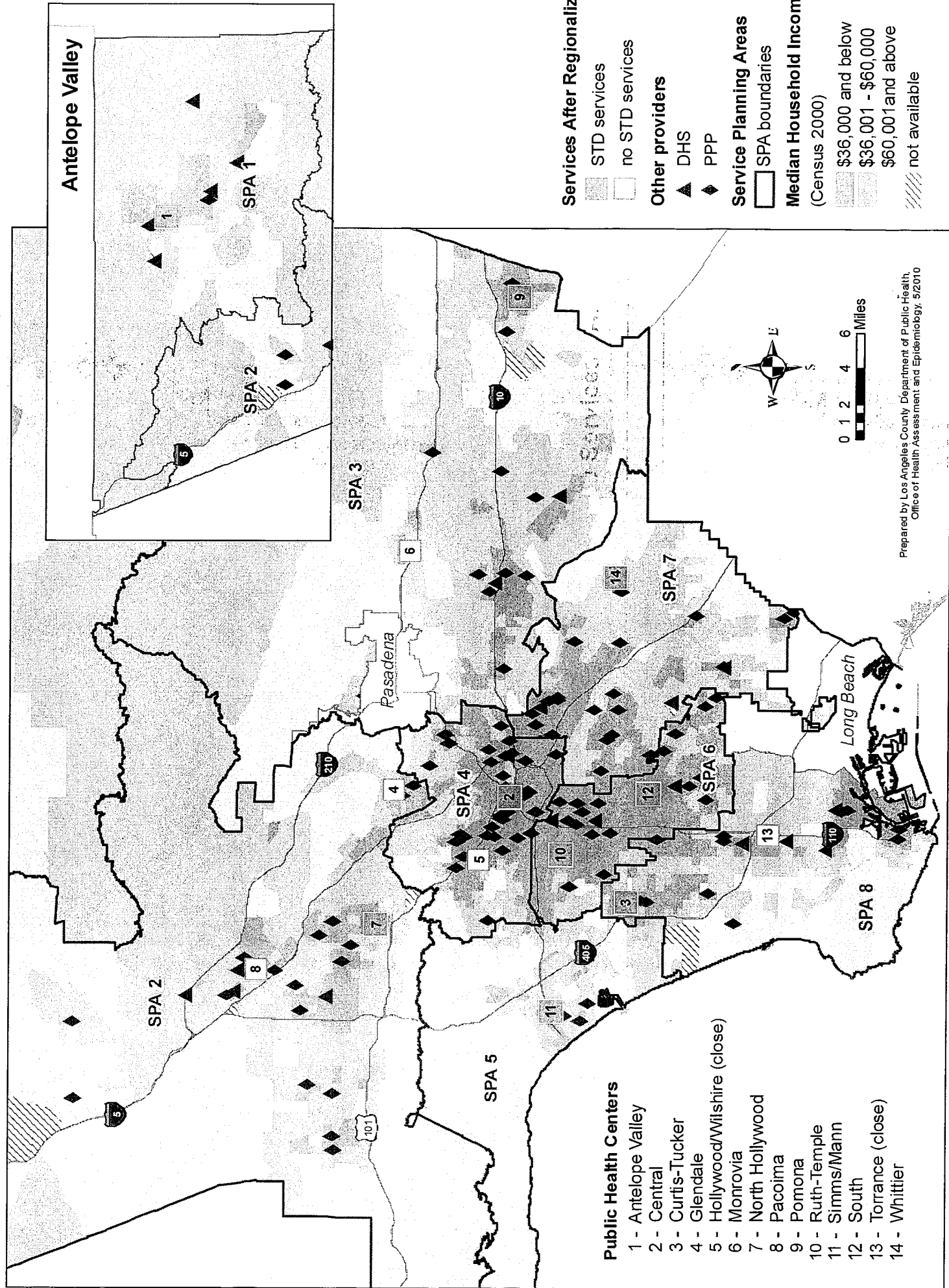
Los Angeles County - Public Health Centers Providing STD Services - After Regionalization



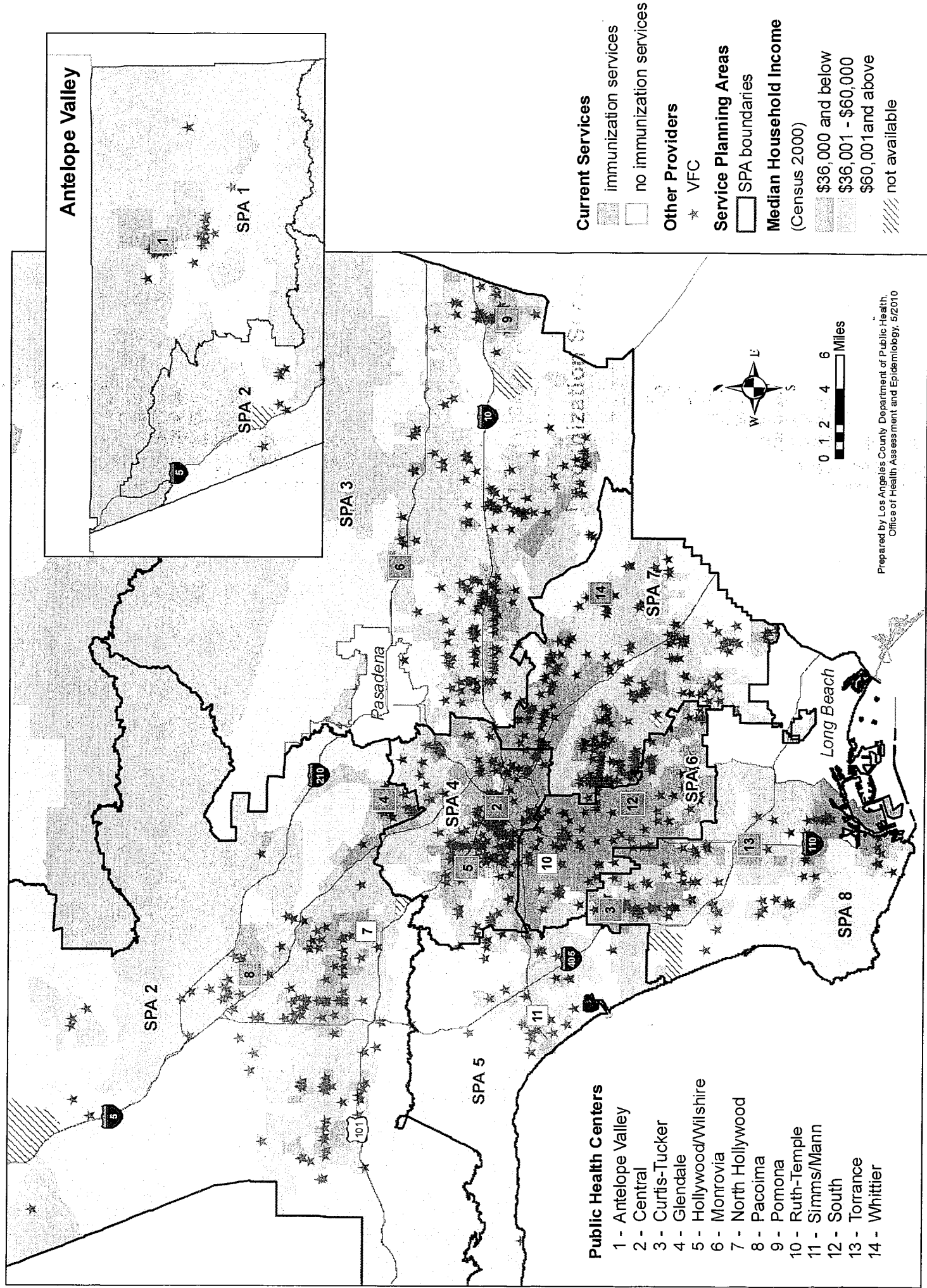
Los Angeles County - Public Health Centers Providing STD Services - Current



Los Angeles County - Public Health Centers Providing STD Services - After Regionalization



Los Angeles County - Public Health Centers Providing Immunization Services - Current



Los Angeles County - Public Health Centers Providing Immunization Services - After Regionalization

